## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

serial no. 10/577525

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 **d AMENDMENT	
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TOTAL DEP.		<b>4</b>	10	<b>4</b>		<b>4</b>
TOTAL CLAIMS			11			1

PTO - 1360 (REV. 11/04)

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TOTAL STATE	
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TOTAL CLAIMS	

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